

TAX CERTIFICATION AFFIDAVIT

Date _____, 200__

Name of Organization/Entity: _____

Address: _____

Principal Officers:	Name	Soc. Sec. No.	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Telephone No.: _____

Finance and Revenue Registration No.: _____

Federal Identification No.: _____

DUNS No.: _____ Contract No.: _____

Unemployment Insurance Account No.: _____

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

	Current	Not Current
District: Sales and Use	()	()
Employment Withholding	()	()
Hotel Occupancy	()	()
Corporation Franchise	()	()
Unincorporated Franchise	()	()
Personal Property	()	()
Professional License	()	()
Arena/Public Safety Fee	()	()
Vendor Fee	()	()

3. If not current, as checked in item 2, I am in compliance with a payment agreement with the Department of Finance and Revenue.
___ Yes ___ No

Attach copy of the Agreement.

If outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities.

The Department of Finance and Revenue also requires:

(A) Copies of FR-532 (Notice of Registration) or a copy of an FR-500 (Combined Registration Form)

(B) Copies of canceled checks for the last tax period(s) filed for each tax liability; i.e., sales and use, employer withholding, etc.

The District of Columbia Government is hereby authorized to verify the above information with appropriate Government authorities. The penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code §22-2405. The penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Official Code §22-2404.

Signature of Person Authorized to Sign This Document _____

Title _____

Print Name _____

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this _____ day of _____ Month and Year

Notary Public _____

My Commission Expires _____